

**Best Available Copy**

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM 170-57)						SERIAL NO.	SEARCHED			
						APPLICANT'S	INDEXED			
						CLAIMS				
	AS FILED		AFTER SEARCH/REVIEW		AFTER AMENDMENT		CNO.	OCP.	CNO.	OCP.
	CNO.	OCP.	CNO.	OCP.	CNO.	OCP.				
1							61			
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35							95			
36							96			
37							97			
38							98			
39							99			
40							100			
41							TOTAL CNO.			
42							TOTAL OCP.			
43							TOTAL CNO.			
44							TOTAL OCP.			
45							TOTAL CNO.			
46							TOTAL OCP.			
47							TOTAL CNO.			
48							TOTAL OCP.			
49							TOTAL CNO.			
50							TOTAL OCP.			